			SICAL PRO			_						
For use of this form, see A		-	 			1				-	T	
MEDICAL CONDITION: (Description in lay terminology)		INJURY? Or ILLNESS		DISEASE?		3.	Р	U	L	Н	Е	S
7-2 AR 40-501) Temporary												
Permanent												
4. PROFILE TYPE									YES	3	NO	
a. TEMPORARY PROFILE (Expiration date YYYYMMDD)			(Limit	ed to 3 moi	nths duration)							
b. PERMANENT PROFILE (Reviewed and validated as a r	ninimum v	vith every	periodic physical e	exam or afte	er 5 years from the date o	of issue)						
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULH	IES, DOE	S THE S	OLDIER MEET F	RETENTIO	N STANDARDS IAW	CHAPTER 3 AR	40-50	1?	Need	ds	Nee	ds
(IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)											MEB/	'PEB
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND T	EMPORA	RY PROF	ILES (If any ansv	ver (a-f) is l	NO then the profile should	l be at least a 3)						
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGN	ED WEA	PON										
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)												
c. ABLE TO WEAR PROTECTIVE MASK AND ALL C	HEMICA	L DEFEN:	SE EQUIPMENT									
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTIN	G POSITI	ON (Dig,	fill, & lift sand bag	ıs, etc.)								
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRE	CT AND	INDIREC	T FIRE									
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL	CONDITI	ON THA	T PREVENTS DE	PLOYME	NT?							
6. APFT	YES	NO	ALTERNATE A	APFT (Fill o	out if unable to do APFT r	un otherwise N/A)			YES	3	N	o
2 MILE RUN			APFT WALK			N/A	A					
APFT SIT-UPS			APFT SWI				N/A	A				
APFT PUSH UPS			APFT BIKE				N/A					
7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)												
UNLIMITED RUNNING	7101111	120 (0//0	· · · · · · · · · · · · · · · · · · ·	-	ACF & DISTANCE							
UNLIMITED WALKING				OR RUN AT OWN PACE & DISTANCE OR WALK AT OWN PACE & DISTANCE								
UNLIMITED BIKING			1	OR BIKE AT OWN PACE & DISTANCE								
UNLIMITED SWIMMING												
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)			i i	OR SWIM AT OWN PACE & DISTANCE 9. LOWER BODY WEIGHT TRAINING (See FM 21-20)								
	and other	r comm				•	INIAI	LICE	۸ C I	JEEF)ED	
10. OTHER: e.g. Functional limitations and capabilities and other comments: (May continue on 11. THESE PARAMETERS ARE OPTIONAL USE											טבט	
page 2)										al:		
Lifting or carrying max weight or or Running maximum distance										_ aı	stan	ce
Prolonged standing - maximum time per episod								sode_			_	
Marching with standard field gear except rucks									ck m	ax		
d <u>istance</u>												
										<u></u>		-
This temporary profile is an extension of a temporary profile first issued on Impact activities such as jumping max # reps in Impact activities such activities such activities such activities such activities such activitie												
12. TYPE NAME & GRADE OF PROFILING OFFICER 13. SIGNATURE 14. D.								DAT	Έ (Υ	YYYI	<i>MMD</i>	D)
												_
15. ACTION BY APPROVING AUTHORITY APPROVED NOT APPROV												
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING				17. SIGNATURE				18. DATE (YYYYMMDD)				D)
AUTHORITY												
												_
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501) YES								/ES	\dashv		NO	
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT												
20. COMMENT												
If this	is a perm	anent prof	ile with a PULHES	serial of 3	or 4 refer to block 4c							
21. TYPE NAME & GRADE OF UNIT COMMANDER					22. SIGNATURE 23. DA				TE (YYYYMMDD)			
24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, first); grade;					25. UNIT							
SSN;					26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER							
hospital or medical facility)												
PROFILING OFFICER (Or Approving Authority if applica												
RESPONSIBLE FOR ENSURING THE PULHES & DATE (ENTERED INTO MEDPROS. ORIGINAL COPY POSTED								OF.	PRO			
					DS, 1 COPY TO UNIT						\L	
SOLDIER, 1 COPY TO MILPO.												

PHYSICAL PROFILE - PAGE 2 (OPTIONAL)							
PATIENT'S NAME	DATE (YYYYMMDD)						
CONTINUATION (From page 1, Item 10)							

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